

MIAMI-DADE COUNTY
OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT
FY 2006 ACTION PLAN
TABLE OF CONTENTS

FY 2006 Action Plan

- A.) Form Application Standard Form 424
- B.) Action Plan Narrative
- C.) Activities to be undertaken (See Exhibit 1)
- D. Geographic Distribution (Maps of Neighborhood Revitalization Strategy Areas)

Certifications

Monitoring

Citizen Participation (To be included after the 30 day comment period)

MIAMI-DADE COUNTY
OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT
FY 2006 ACTION PLAN

A. FORM APPLICATION, STANDARD FORM 424 (See previous pages)

- **RESOURCES** (Federal and other)

TABLE 1 - RESOURCES

Funding Source	Type	FY 05 Funding**	FY 06 Estimated Funding
Community Development Block Grant (CDBG)	Federal	\$21,883,454	\$17,893,123*
CDBG Program Income	Federal	\$696,571	\$500,000
Emergency Shelter Grant (ESG)	Federal	\$865,955	\$865,000
Housing Development Assistance Grant – Program Income (HODAG)	Federal	\$1,850,000	\$4,660,672
Home Investment Partnership (HOME)	Federal	\$12,989,737	\$6,543,746
HOME Program Income	Federal	\$1,042,000	\$900,000
American Dream Downpayment Initiative (ADDI)	Federal	\$186,254	\$186,254
State Housing Initiative Program (SHIP)	State	\$2,500,000	\$1,892,315
Rental Rehabilitation Program Income (RR)	Federal	\$0	\$1,558,849
Documentary Surtax Program (Surtax)	County	\$24,194,800	\$25,689,850
Total All Sources		\$66,208,776	\$60,689,809

C. ACTIVITIES TO BE UNDERTAKEN

The FY 2006 Action Plan includes all Community Development Block Grant, HOME and Emergency Shelter Grant activities to be funded in FY 2006. OCED held over 90 public meetings in Neighborhood Revitalization Areas (NRSA) and eligible block groups to identify community needs and encourage citizen participation. The Board of County Commissioners approved the FY 2006 Policy Paper on July 7, 2005, with the first Public Hearing being held on June 30, 2005.

A FY 2006 Request for Applications was made available on July 25, 2005. Two technical assistance workshops were held for applicants on August 3, 2005 and August 4, 2005. Applications were accepted until August 24, 2005. Applications were evaluated and reviewed for consistency with the FY 2003-2007 Consolidated Plan. Activities recommended for funding have been identified as a high or medium priority in the Strategic Plan. Staff recommendations were made available for a 30-day public comment period beginning December 20, 2005. A second Public Hearing will be on January 17, 2006, before the Community Empowerment and Economic Revitalization Committee of the Board of County Commissioners. The final Plan will be approved by the BCC on January 24, 2006.

The following table summarizes the specific objectives developed to address priority needs and the proposed accomplishments and the annual program year numeric goals the County hopes to achieve:

TABLE 2 - FY 2006 ACTION PLAN PROPOSED ACCOMPLISHMENTS

Priority Need	Number of Proposed Accomplishments	Accomplishment Types	Target Date for Completion
Public Facilities and Improvements	10	Public Facilities	12/31/07
Public Services	71,281	People	12/31/06
Economic Development	67	Businesses	12/31/06
	478	Jobs	12/31/06
Planning and Administration	NA	NA	12/31/06
Housing	1,547	Housing Units	12/31/07

Major Economic Development projects include OCED's Commercial Revitalization Program, Revolving Loan Fund, administration of the State Enterprise Program and a Micro Lending Loan Fund. CDBG funds will be allocated to Community Development Corporations to provide technical assistance to small businesses. OCED is also consulting with the Mayor's Task Force on Urban Economic Revitalization and the Miami-Dade Empowerment Trust, Inc. to coordinate the implementation of economic development strategies.

The target date for completion of public service programs is one year. The target date for completion of economic development, capital improvement and housing projects is one to three years.

D. GEOGRAPHIC DISTRIBUTION

Priorities for allocating resources geographically include Neighborhood Revitalization Strategy Areas, eligible block groups, activities of metropolitan significance, and block groups whose median income is less than 30 percent of the County's median income. Areas of minority Black and Hispanic concentration are identified in the attached maps.

Neighborhood Revitalization Strategy Areas

There are ten Neighborhood Revitalization Strategy Areas (NRSAs) in Miami-Dade County that are being recommended for approval by U.S. HUD; Opa-locka, Model City, Melrose (which is included in the Federal Empowerment Zone), Goulds, Perrine, Leisure City, West Little River, W. Kendall, Sweetwater and South Miami. Strategic Plans for all these areas are included in the County's 2003-2007 Consolidated Plan. Plans for the two new NRSAs, W. Kendall and Sweetwater will be prepared in FY 2006.

E. HOMELESSNESS AND OTHER SPECIAL NEEDS ACTIVITIES

In July 1993, Miami-Dade County's governing body, the Board of County Commissioners (BCC), adopted a continuum of care plan entitled the "Miami-Dade County Community Homeless Plan" (Plan). This Plan delineates a comprehensive strategy for the delivery and coordination of homeless housing and services for the entire county, including all its municipalities and five entitlement jurisdictions, and is comprised of temporary care (emergency housing) for seven (7) to up to sixty (60) days; primary care (transitional housing) with intensive case management services for six (6) to nine (9) months, and advanced care (permanent) supported housing.

Services and housing are accessed through a coordinated, countywide outreach process and connected through an MIS system. Concurrent with the adoption of the Plan, the BCC approved the levying of a one cent food and beverage tax to provide a unique, local dedicated source of funding for homeless programs, and approved the creation of the 27-member Miami-Dade County Homeless Trust (Trust) to administer the proceeds of this tax and implement the Plan.

The Trust is the overall coordinating body for the continuum of care. Additional partners in the implementation of the Plan include the public housing agency, (Miami-Dade County Housing Agency), the County department responsible for the development of the consolidated plan (Miami-Dade Office of Community and Economic Development), the local homeless provider consortia, and the Trust's private-sector partner (Community Partnership for Homeless, Inc.), with its own diverse 65-member board.

The Continuum of Care Sub-Committee of the Homeless Trust, representing the phases of the continuum, homeless persons and staff, is convened annually by the Trust to compile the gaps and needs data developed through various sources, and assist in the determination of priorities and preparation of the Consolidated Application to U.S. HUD for homeless continuum of care funding. The Trust, on behalf of the County, serves as the lead applicant to U.S. HUD for homeless continuum of care funding under the Super Notice of Funding Availability (NOFA).

The local continuum of care system covers all of Miami-Dade County and the five entitlement jurisdictions that are located within it. These entitlement jurisdictions are: the City of Hialeah, the City of Miami, the City of Miami Beach, the City of North Miami and Miami-Dade County (Miami-Dade County's entitlement jurisdiction includes all other municipalities, as well as the unincorporated areas of the county). The entire County, and thus the continuum of care, encompass more than 2,000 square miles and has an estimated current population of over 2.3

million persons. All entitlement jurisdictions pool their pro rata share need, as determined by U.S. HUD, in the annual process for requesting federal homeless continuum of care funds (Super NOFA).

The local continuum of care plan, the Miami-Dade County Community Homeless Plan, as adopted in July 1993, set forth the community's goals for an efficient and effective system to assist homeless persons. It is the blueprint for the delivery of housing and services, and the coordination of such, in the community. The Plan defined goals for three phases of housing and for necessary services to assist homeless persons in achieving self-sufficiency, as follows:

1) Phase One - Temporary (Emergency) Care: The Plan called for the development of 1000-1500 new emergency housing beds, called temporary care in the Plan, at "homeless assistance centers" (HACs) to provide anywhere from seven (7) to up to sixty (60) days of stabilization and comprehensive needs assessment. In addition to providing decent and safe housing, meals and clean clothing, these campus-style centers serve as a "triage" of sorts for the identification of a homeless person's social, physical, and housing needs. It was contemplated that one provider would be selected to site, build and operate the HAC's; this provider would also be responsible for raising private sector funds for the continuum of care;

2) Phase Two - Primary Care (Transitional) housing: The Plan called for the development of 750 new transitional housing beds, called primary care in the Plan, to provide from six (6) to nine (9) months of housing with intensive case management assistance to prepare individuals for independent living. It is usually targeted to homeless individuals and families in emergency housing who have had their most immediate needs met, and who require more intensive, specialized services to achieve residential and financial stability. Primary care programs are residential or supported, scattered site programs. Programs use both leased and purchased facilities. All homeless persons in primary care receive individualized case management.

3) Phase Three - Advanced Care (permanent supportive) housing units: This represents the third, and final, stage of the continuum. While a goal was not initially established in the Plan for the number of units proposed to be expanded, a Blue Ribbon Panel created by the Trust set forth a plan for achieving a goal of 2,500 new advanced care units. These units may be SRO's, project-based, scattered site, market rate, and/or voucher-funded. Preference is given to projects that re-integrate homeless persons into the community and projects that provide long-term, follow-along services, such as relapse prevention, continuing education, and family support;

4) Outreach - Access to the system is key to its success. A coordinated outreach process has been implemented that provides an easy and standard procedure for homeless persons to access the system, and to ensure that the services they accessed were appropriate to their individual needs. Outreach is provided on the street in a daily, non-aggressive fashion, and as a result of service requests from homeless persons, social service agencies, religious organizations and law enforcement personnel. Outreach teams are composed of formerly homeless persons and social services professionals;

5) General Support Services - In addition to outreach services, other supportive services critical to the success of the continuum of care have been identified. These services include primary health, mental health assessment/stabilization, substance abuse detoxification and treatment, employment training and placement services, childcare, legal services and permanent housing move-in assistance;

6) Linkage/Coordination - Finally, the Plan contemplated tracking client progress through a Managed Information System (MIS) that would reduce duplication and assist in identifying barriers to client progress through the continuum. The size and wide distribution of the homeless population and the disbursed homeless provider system require a readily accessible and responsive communication system;

The Plan was also premised on the expansion of the existing homeless infrastructure, and requires a “maintenance of effort” by the local governmental funding entities. The Trust adopted a policy for the funding of existing beds that mirrors U.S. HUD’s policy.

The basic components of the continuum of care have been implemented over the past nine years. Improving and expanding the existing service delivery system is an ongoing process. More specifically:

Emergency Housing: Two Homeless Assistance Centers (HAC’s) have been built to date (402 beds and 300 beds respectively) to expand temporary care opportunities. These campus-style centers have on-site day care facilities, full service health clinics and vocational classrooms staffed by the public school system. The “one-stop” approach of the centers provide the on-site services of representatives from the Social Security Administration, the State of Florida Department of Children and Families, Legal Services, the welfare-to-work program, employment placement programs and the Veterans Administration, further facilitating easy access to essential services typically required at an emergency housing level.

What we are working towards in emergency housing:

- Increase coordination with One Stop Centers, State and Federal agencies and other social services systems to maximize available resources;
- Assess the impact of the hard-core, chronic homeless with high service needs accessing the emergency housing system to determine what additional resources may be required;
- Enhance the role of emergency housing in the “housing first approach” model to address homelessness by moving families and individuals directly into permanent housing;

Transitional Housing: The development of primary care housing has included annual operating subsidies to allow agencies to expand their capacity and/or lease additional housing to expand their services. Transitional housing, encompassing programs providing specific types of services (substance abuse treatment, mental health services, domestic violence intervention programs for the dually diagnosed, family transitional housing and non-treatment programs for the employed/employment-ready) have been funded to varying levels annually since the inception of the Trust using food and beverage tax resources, as they may be available. In addition to these specialized services, all Trust-funded transitional housing requires the full complement of case management. The continuing need for transitional housing is evaluated on an annual basis

through the Continuum of Care Gaps Analysis, as well as periodically through the Services Development Committee of the Trust.

What we are working toward in transitional housing:

- Shift of Food and Beverage funding from transitional non-treatment housing to permanent housing, via a Housing 1st, housing placement program.
- Identify additional resources to maintain and/or expand the inventory of beds to provide mental health and substance abuse treatment;
- Identify a funding source for capital and supportive services match funds;
- Coordinate homeless funding by other local social service funders;

Permanent Supported Housing: A Blue Ribbon Panel created by the Homeless Trust drafted a plan for the development of 2,500 new units of advanced care housing for homeless persons. This assumed the increased development of low-income affordable housing in the community to provide accessible market rate housing. However, that has not occurred. The lack of accessible subsidized affordable housing and the slower than anticipated production of new affordable housing units has increased the need for advanced care housing beyond the original estimate.

What we are working towards:

- Creation of 100-200 units of permanent supportive housing per year, for 10 years.
- Remove barriers to the funding of permanent housing: draft local and state legislative proposals that set-aside and/or prioritize housing for formerly homeless persons and participate actively in rule-making processes;
- Identify a funding source for capital match funds; Explore the use of permanent housing in the “housing first approach” in ending homelessness;

Outreach: The continuum’s outreach process, called “Outreach, Assessment and Placement” or OAP, has been developed into a coordinated system designed to ensure ready access to services. This outreach process is countywide and typically staffed with two-member teams that include formerly homeless persons. The OAP efforts are complemented by other specialized outreach programs, that include the Department of Veterans Affairs mobile Health Care for Homeless Veterans program team, a Health Care for the Homeless-funded outreach team (Camillus Health Concern) that provides medical outreach, and mental health outreach teams (Safe Haven “SPORT” teams).

What we are working towards:

- Fund Coordinated Outreach Services targeting individuals experiencing chronic homelessness;
- Maintain the existing level of outreach teams and increase the number of outreach teams targeting certain homeless sub-populations;
- Implement programs that compliment existing outreach efforts;
- Involve the community in outreach efforts through education;

General Supportive Services: Ancillary services were identified as essential in the initial and continued stabilization of homeless persons. These services were also expanded significantly

through funding received from the U.S. HUD Model Cities Initiatives Grant ('95 - '98). Continuation funding has been provided through subsequent Super NOFA funding. The “stand alone” supportive services that have been identified as high need include primary health care, employment services, legal assistance, childcare, outpatient mental health treatment/assessment, outpatient substance abuse treatment, vocational programs, and permanent housing placement (move-in) assistance. Additionally, ancillary services (employment, legal assistance, outpatient counseling, etc., are evaluated on an annual basis to determine increased need or demand.

What we are working towards:

- Increase stand alone supportive services; work to identify and apply for non-traditional sources of funding and improve partnerships with other social service delivery systems;

Linkages/Overall Coordination: The Trust has implemented a Homeless Management Information System (HMIS) that links all Trust-funded providers on an Internet-based application that captures pertinent client demographics, service history and referral information. This HMIS, develops U.S. HUD-required reports and includes a specialized bed reservation system. Participating in the HMIS project are the Trust’s Services Development Committee, Miami-Dade County’s Information Technology Department and the Trust’s private sector partner, CPHI.

What we are working towards:

- Implementation of the HMIS to all non-Trust funded homeless providers;
- Expansion of HMIS to other systems of care that discharge people into homelessness, agreements are already in place with the 11th Judicial Circuit, Department of Children and Families, Guardian Ad-Litem programs;
- Identify barriers to clients moving through the continuum; review and present any identified trends that need to be addressed;
- Maintain coordination efforts between the continuum of care service delivery system and the local services delivery system implemented under the State of Florida’s welfare reform initiative;

F. OTHER ACTIONS

Removal of Barriers to Affordable Housing

The Miami-Dade Housing Agency (MDHA) in conjunction with private lenders, helps low –to-moderate-income individuals and families purchase homes for primary residences by providing low-interest second mortgages. Program participation is limited to “one time only” per family. Services/products to county residents consists of two categories of funding for homeownership and rental units.

The MDHA homeownership program consists of homeownership loan assistance, closing costs, down payment assistance, homebuyer counseling, single-family rehabilitation loans, window/shutter loans, construction loans for housing developments, the infill housing initiative, and the bank partnership program (BPP).

The rental program consists of loans for construction of multi-family rental developments and loans for rehabilitation of multi-family rental developments.

The infill housing initiative is a homeownership program developed to construct new affordable single-family housing on vacant lots. The lots are from the County's inventory of vacant properties and deemed suitable for housing construction. The lots are made available to non-profit joint ventures to construct the homes. The potential qualified homebuyers only pay a \$500 down payment to purchase. Closing costs are still required, but may be paid by another funding source. Private lenders also provide affordable mortgages for low and moderate-income families to purchase their homes. County funds are provided from Surtax, State Housing Initiative Partnership (SHIP), or HOME funds. The County's investment is leveraged with funds from banks totaling approximately \$15,000,000 annually.

OCED has consulted with the Affordable Housing Advisory Board as part of the Consolidated Planning process. The following activities are identified to eliminate, or at least ameliorate, some of the barriers to affordable housing.

- Explore the feasibility of providing property tax abatement for property owners who will rehabilitate housing for low-income households, especially multi-family housing. This would be similar to the tax abatement provisions of the State Enterprise Zone program.
- Likewise, investigate the feasibility of setting up some type of Affordable Housing Infrastructure Trust Fund, which could be used in certain targeted areas. This would make possible the development of affordable housing projects, which are blocked by inadequate infrastructure.
- Continue to modify the Zoning Code, subdivision regulations, and other similar provisions as necessary to allow for more mixed-use development and higher densities coupled with better urban design.

Evaluation and Reduction of Lead Based Paint Hazards

An educational program and the use of housing monies to abate lead paint hazards, when found, will be followed for all housing units assisted by Miami-Dade County.

Actions to Reduce the Number of Poverty Level Families

Miami-Dade's Anti-Poverty Plan is focused on the most vulnerable groups in the jurisdiction, primarily the 66,400 very-low-income households with incomes between 0 and 30 percent of the median household income, the over 4,000 homeless individuals and families, and the more than 10,500 households and individuals in public housing. The lowest-income households are generally those threatened with homelessness. Many of the currently homeless have been homeless for less than one year. Persons in public or assisted housing are dependent upon public subsidies to maintain their own residences. In all, this segment of the population has the highest incidence of poverty. These households will see the most immediate benefit from a concentrated effort to increase economic opportunities for households in Miami-Dade County.

It is important to recognize that the Anti-Poverty Plan is not a housing plan; it is an economic development plan that increases the income and job opportunities for low-income households. The economic changes in Miami-Dade County over the past decade have led to growth in the

number of low- as well as high-paying jobs. The core of any plan to combat poverty must be the creation of secure, well-paying jobs. Nonetheless, housing is a major component of the Plan, since a secure and affordable residence allows household members to pursue jobs, education and training without having to worry about the threat of homelessness. Thus, implementation of anti-poverty efforts is a cooperative effort between County agencies including the Miami-Dade Housing Agency, as administrator of the HOME and the Family Self-Sufficiency Programs; the Office of Community and Economic Development (OCED), as administrator of CDBG funds; the Office of Homeless Programs and the Department of Human Services, for their work with the homeless and with other special needs populations, and; the Private Industry Council for its role in job training.

The economic and housing programs that will be instrumental to the Anti-Poverty Plan include:

- **Community Development Block Grants (CDBG):** CDBG funds may be used to rehabilitate affordable housing for lower-income households. Additionally, these funds may be used for economic development that creates jobs for low- and moderate-income persons, creates community-based businesses and assists businesses that provide services needed by low- and moderate-income residents.
- **HOME:** HOME funds will be used for new construction and housing rehabilitation. For rental housing developed with HOME funds, at least 20 percent of all units must be affordable to very-low-income households.
- **HOPE:** Miami-Dade Housing Agency has received two HOPE VI Revitalization Grants: \$4.7 million as a portion of the approximate \$14 million for an assisted living facility (ALF) to be constructed in the heart of Liberty City to house 95 frail elderly low-income residents who are in need of some assistance with their functions of daily living. \$35 million as a portion of a planned \$106 million community revitalization of the Scott/Carver target community (79th Street on the north, 62nd Street on the south, 17th Avenue on the east and 27th Avenue on the west). At least 462 new or rehabilitated units will replace 850 dense barracks style, and obsolete public housing units. Although 80 new units will be public housing, the emphasis will be on homeownership with at least 247 affordable homeownership units and 135 rent-to- own town home units.

Very-low-income households, particularly renters and homeless persons have high priority needs in the Consolidated Plan. The County will focus its resources on assisting these families through economic development programs. The County will continue to assist very-low-income households and homeless individuals and families. The Miami-Dade Housing Agency will continue to promote Section 3, as well as training and job programs, as a method to provide employment opportunities to public and assisted housing residents. Because poor housing is a result of poverty, not a cause of it, the thrust of the Anti-Poverty Plan must be the creation of decent employment opportunities.

Coordination between Public and Private Housing and Social Service Agencies

These meetings have involved social service providers, non-profit and for-profit housing developers, local government officials, and private lenders.

The delivery of housing requires the coordination of a number of agencies, both private and public. Programs to address the problems of special needs populations require regular coordination meetings. These meetings are a regular part of the County's housing delivery system.

The Alliance for Human Services reviewed all public service activities for consistency with the Comprehensive Health and Social Services Master Plan 2001-2004.

Public Housing Improvements and Resident Initiatives

The Miami-Dade Housing Agency has a number of private management initiatives underway in several housing projects in South Miami-Dade. The goal is to improve the general well being of the public housing residents and maintain the security of the facilities.

The Miami-Dade Housing Agency has implemented the Preventive Maintenance and Third Party Housing Inspections. This will improve the physical conditions of our housing units, extend the life expectancy and operational use of critical components and increase resident satisfaction with improved pro-active maintenance and repair service.

Resident employment and participation in property maintenance and janitorial service will increase productivity via initiatives such as the WAGES Program and Section 3 contracting opportunities. This effort will support our goals of developing resident opportunities.

The Miami-Dade Housing Agency has created on site offices and developed partnerships with the City of Miami Police Department and the Miami-Dade Police Department as part of the Public Housing Drug Elimination Grant initiative.

Miami-Dade Housing Agency will continue to provide resident service programs, including drug and substance abuse prevention, sports and recreation employment/business development opportunities and resident council support.

Monitoring Strategy for 2006

The district teams of the Office of Community and Economic Development will use on-site monitoring to gauge the compliance of the sub-recipients with US HUD requirements and local regulations as those community based organizations carry out the activities of the Consolidated Plan. Monitoring will also identify specific compliance deficiencies and corrections as well as provide guidance to the sub-recipients. The monitoring surveys will achieve the following:

- Determine the accuracy of the information identified in the progress reports regarding the performance of the funded activities and the agency's compliance with the national program objectives.

- Follow up on unresolved problems identified throughout the review of progress reports and the performance of technical assistance visits.
- Determine the sub recipient's compliance for those activities without sufficient information to make national objective determinations.
- Determine the reasonableness of decisions made by the implementing agencies for those activities that require high levels of judgments made by the sub-recipients.
- Determine the sub-recipient's ability to ensure that activities are carried out while meeting compliance requirements.
- Verify the accuracy of the sub-recipient's records.
- Identify the apparent causes of problems and recommendations to correct them.

The Office of Community and Economic Development will conduct monitoring surveys on its sub-recipients on an annual basis. It will also provide technical assistance visits to the sub-recipients on an as needed basis. These activities will assess the continuing capacity of the community-based organization to carry out the funded project in a timely and efficient manner.

The monitoring standards for Miami-Dade County's Office of Community and Economic Development are described in Chapter 3 of the Office of Community and Economic Development's Contract Compliance Manual. A copy of those standards is attached to the 2006 Action Plan. The monitoring plan for 2006, whose procedures are designed to ensure the validity and reliability of the monitoring surveys, is described below:

- The Contracts Management and Monitoring Section will monitor all agencies with agreements associated with the FY 2006 Action Plan. The Section will also monitor agencies that received funding for the first time through plan amendments during 2004 and activities from 2004 and prior years whose contracts have been extended through 2006.
- The Section will use the revised monitoring instrument that accompanies this Action Plan.
- The members of each District team prior to initiating the monitoring surveys must jointly review the monitoring instruments. The planners will fill out those items in the survey associated with the RFA, funding decisions, or other planning functions.
- The teams, along with members of the Community Builders Division (who will assist specifically with construction, rehabilitation and housing activities) will perform a risk factor analysis on each of the activities cited for monitoring. The Risk Factor Analysis checklist is attached to the Action Plan.
- The surveys must focus on the programmatic performance of each activity. It should also focus on assessing the resolution of all findings identified in the previous monitoring surveys and in the 2004 annual audit reports.
- The survey should also examine the following: intake forms, insurance coverage, client eligibility, area served, overall agency budget, comparison of projected expenditures to actual reimbursements, and service agreements (economic development activities).

- The reports must identify all activities covered by active contracts or activities pending extensions. The performance of the activity should be summarized and updated on a copy of the Automated Action Steps/Progress Report Format.
- The reports must specifically identify the records examined by the monitor and list those documents on a separate sheet of paper (e.g. Intake forms, service agreements, etc). The reports must also identify the approximate date when the agency will submit missing items to the County.
- The reports must also include copies of the agency's overall budget, intake form, and insurance certificates.
- The survey document will be completed during the monitoring visit. The monitor must **print in a legible manner** the information required in those documents.
- At the conclusion of the survey, the agency representative will photocopy the report and keep that document. The representative must sign the letter of receipt (see attached copy).
- The monitor must also provide copies of the reports and the letters of receipt for the Central File, the agency's planner, and the Division's management team within five days after the conclusion of the survey.
- The district team will review the completed report. If the team modifies the report, then the monitor will be responsible for providing copies of the revised document to the agency and for including those copies in the agency's Central File folder.
- All agencies will have 30 days from the date of the survey to submit to our office an acceptable corrective action plan for any findings mentioned in the monitoring report. Staff's assessment of the corrective action plan will be followed up with correspondence confirming closure or requiring additional action on behalf of the agency.

The new procedure takes into account the role of the district teams and continues to provide OCED with significant autonomy regarding its funded agencies. Most important, it also takes into consideration corrective actions designed to address those findings cited by USHUD in its most recent monitoring of OCED.

G. PROGRAM SPECIFIC REQUIREMENTS

1. CDBG (See Action Plan Funding Sources)
2. HOME (See Action Plan Funding Sources)

Guidelines for Resale of HOME Assisted Housing

The following guidelines will be used to meet the provisions of Section 92.254(a)(4) in determining the amount of equity returned to the initial homebuyer upon the sale of a HOME assisted house.

Miami-Dade County will utilize deed restrictions to control the resale of units assisted by the first-time homebuyer program. The initial buyer will have the option of selling the property to a low-income family who will use the property as its principal residence and at a price consistent with the following guidelines established by Miami-Dade County.

These guidelines will provide the owner with a fair return on investment, including any improvements and these guidelines will ensure that the housing remains affordable to a reasonable range of low-income homebuyers for a period of 20 years for newly constructed housing or otherwise for 15 years. Homeowners must sign a land use restriction agreement to ensure compliance with the affordability requirements of S.92.254, as applicable.

It is determined that the housing remains affordable if the subsequent purchaser's monthly payments of principal, interest, taxes, and insurance do not exceed 30 percent of the gross income of a family with an income equal to 75 percent of median income for the area, as determined by HUD.

Miami-Dade County will allow the real estate market to set the value of the property at the time of sale. If the market value of the property is not affordable to a subsequent low-income buyer, Miami-Dade County will forgo repayment of all or a portion of its proceeds due to market appreciation. This will allow the property to remain affordable to a subsequent low-income buyer and allow the seller a fair return on his or her investment.

In the second option available to the initial buyer, Miami-Dade County will recapture all or some of the HOME subsidy used to assist the property and forgo the affordability period. The recaptured subsidy will be made available for future first-time homebuyers. The County will forgive a portion of the subsidy over the required period of affordability. For example, if the assisted homeowner wishes to sell his or her new home in the 12th year of occupancy, 3/5ths of the subsidy is forgiven and 2/5ths is due upon sale.